

**IN THE CIRCUIT COURT FOR
FAYETTE COUNTY, ALABAMA**

WALTER A. BELL, as Commissioner
of the ALABAMA DEPARTMENT
OF INSURANCE,

Plaintiff,

v.

WEST ALABAMA MEMORIAL
GARDENS, INC., an Alabama corporation,
HERITAGE MEMORIAL GARDENS, INC.,
an unincorporated association,
FLOYD W. BUSH, both individually and d/b/a
WEST ALABAMA MEMORIAL
GARDENS, INC., HERITAGE MONUMENT
COMPANY, INC., and HERITAGE
MEMORIAL GARDENS, INC., and
HAMILTON MEMORY GARDENS, INC.,
an Alabama corporation,

Defendants.

Civil Action Number
CV 05-033

NOTICE

On or about January 5, 2006, the Circuit Court for Fayette County, Alabama, entered an order that, among other things, made permanent the appointment of Denise Azar ("Azar" or the "Receiver"), Chief of the Receivership Division of the Alabama Department of Insurance, as receiver of the estates of West Alabama Memorial Gardens, Inc., Heritage Memorial Gardens, Inc., Floyd W. Bush, and Hamilton Memory Gardens, Inc., (collectively referred to as the "Defendants"). As part of her duties as receiver, Azar has taken possession of certain known assets of the Defendants and continues to work to identify and obtain control over any other assets belonging to the Defendants. With the approval of the court, Azar will liquidate any such assets and will use the proceeds from such liquidation to pay the expenses associated with the receivership proceeding and will also pay, to the extent funds are available and in accordance with the court's orders and the laws of the State of Alabama, legitimate claims against the Defendants. **At this time, there is no way to tell how much, if any, money will be available for payment of costs and expenses or for distribution to the Defendants' creditors.**

On June 8, 2006, the court entered an amended order establishing the procedure to be followed by anyone who intends to assert a claim against any of the Defendants and who seeks to participate in any possible distribution of proceeds from the liquidation of the Defendants' assets. This notice is being published pursuant to the court's order. **This notice contains important information concerning the assertion of a claim against any or all of the Defendants. The failure to strictly follow the procedures set forth in this notice concerning the assertion of a claim against any or all of the Defendants will result in the disallowance of such a claim. If a claim is disallowed, the holder of that claim will not be allowed to receive any of the funds distributed by the receiver.**

Any person, firm, corporation, or other individual or entity having a claim against any of the Defendants **must complete and return to Azar a form known as the "*West Alabama Memorial Gardens, Inc., et. al.* Receivership Claim Form"** to participate in any distribution

by the Receiver. It is important to there are different individuals and corporations that are defendants in this receivership action. **Claimants should *only* file claims against the *particular individual or entity against which they hold a claim.*** Copies of the claim form may be downloaded from the website of the Alabama Department of Insurance (www.aldoi.gov), may be picked up at the office of the Circuit Clerk for Fayette and Marion Counties, or may be requested, in writing, from the Receivership Division of the Alabama Department of Insurance, the complete address of which is set forth below. Parties requesting copies from the Department's Receivership Division should provide the Department with a self-addressed, stamped envelope in which the form can be returned to them. **The form must be mailed to the Receivership Division of the Alabama Department of Insurance and must be postmarked by October 16, 2006. The form must be filled out completely and must contain any supporting documentation called for by the form.** If the Form is not postmarked by this date, the party submitting the form will not be allowed to participate in any distribution that might be made by the Receiver. Only those persons, firms, corporations, or other individuals or entities submitting the required forms to the Department within the time set forth in this notice will be eligible to participate in any distribution made by the Receiver. **Claimants should not and cannot rely on prior communications with or submissions to the Department or the court as the means of establishing their claims against the Defendants. Only those individuals submitting the required claim form within the requisite time period will be considered eligible to participate in the distribution.**

Within seventy-five (75) days after October 16, 2006, Azar will evaluate each claim and will file a report with the Circuit Court for Fayette County, Alabama, setting forth her recommendation concerning treatment of each claim. The court will thereafter set a date, time, and place at which a hearing will be conducted to adjudicate those claims. Notice of that hearing will be set by the court at a later date, and claimants will be provided actual notice of that hearing.

**Denise Azar, Chief
Receivership Division
State of Alabama
Department of Insurance
P.O. Box 303351
Montgomery, Alabama 36130-3351**



For Official Use Only:

Claim No: _____

STATE OF ALABAMA DEPARTMENT OF INSURANCE

WEST ALABAMA MEMORIAL GARDENS, INC.,
HERITAGE MEMORIAL GARDENS, INC. AND
HAMILTON MEMORY GARDENS, INC.

IN LIQUIDATION
CIRCUIT COURT OF FAYETTE COUNTY, ALABAMA
PROOF OF CLAIM FORM

This Proof of Claim must be completed, signed under oath, and sent by first class mail to Denise B. Azar, Receiver, West Alabama Memorial Gardens, Inc., Heritage Memorial Gardens, Inc. and Hamilton Memory Gardens, Inc., Post Office Box 303353, Montgomery, AL 36130-3353, Attn: Proof of Claim. This Proof of Claim should be sent as soon as possible, but **MUST BE FILED NO LATER THAN October 16, 2006, OR THE CLAIM MAY BE DENIED.**

PLEASE READ THE ACCOMPANYING NOTICE AND INSTRUCTIONS BEFORE COMPLETING THIS FORM. Mark "NA" or "Not Applicable", where appropriate. PLEASE TYPE OR PRINT. A SEPARATE PROOF OF CLAIM SHOULD BE COMPLETED AND FILED FOR EACH CLAIM.

You are making this claim as (mark one):

Individual ☐ Corporation ☐ Partnership ☐ Agent ☐ Other ☐

Please explain if other: _____

Please set forth the name, address and phone number of the claimant:

Claimant Name (As it appears on contract): _____

Point of contact if different from claimant: _____ Phone: _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

This claim is filed as a (n) unsecured ☐ secured ☐ claim. (Mark one.)

Total Amount Claimed \$ _____ Date claim was incurred _____

Contract/Account #: _____

Purchased from following location:

☐ West Alabama Memorial Gardens, Inc. ☐ Heritage Memorial Gardens, Inc.

☐ Heritage Monument Company, Inc.

Explanation of Claim.

Please attach documentation to support claim amount. Attach additional sheets if necessary.

1. The consideration for this debt (or ground of liability) is as follows:

2. If this claim is founded on a written instrument, please attach a copy of such written instrument or if it cannot be attached please set forth the reason therefore.

OVER (COMPLETE OTHER SIDE)

3. If you have received compensation for your claim, please state the amount of the payment received and the identity of the payer

4. State whether this claim is subject to any set off, counterclaim or defense:

5. Please set forth the identity of amount of security for the claim, if any (evidence of the security interest and its perfection should be attached):

6. Please set forth any right of priority of payment, or other specific right, you believe you may have:

7. If you have been sued or have instituted suit in connection with the claim, indicate the court, term, case number, date filed, whether judgment has been entered, and the date of judgment, if any:

If an attorney represents you in this claim, please give the following information:

Attorney's name _____ Law Firm _____

Address _____

City _____ State _____ Zip _____ Phone _____

The undersigned subscribes and affirms under penalties of perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of West Alabama Memorial Gardens, Inc., Heritage Memorial Gardens, Inc. and Hamilton Memory Gardens, Inc., are true; that no payment of or on account of the aforesaid claim has been made except as above stated; that claimant has no knowledge of anyone else filing a claim on behalf of claimant; that there are no offsets, counterclaims or defense thereto except as above stated; and that claimant is not a secured creditor or claimant has no security interest, except as above stated.

To the extent that this claim arises from a cause of action the undersigned has against an insured of West Alabama Memorial Gardens, Inc., Heritage Memorial Gardens, Inc. and Hamilton Memory Gardens, Inc.; the undersigned acknowledges and agrees, by signing below, that the filing of this claim releases the insured's liability to the undersigned on that cause of action in the amount of the insured's applicable policy limit.

Claimant's Signature _____ Title, if applicable _____

Print Name _____

Telephone No. _____ Social Security or Tax ID# _____

Subscribed and sworn to before me, a Notary Public this _____ day of _____, 20_____.

Signature of Notary Public

Printed Name of Notary Public

I am a resident of _____ County, _____ (State).

My commission expires _____.

DEADLINE FOR FILING CLAIMS IS OCTOBER 16, 2006